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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Senegal

The Executive Director recommends that the Executive Board approve the programme of Senegal for the period 1992-1996 in the amount of \$8,800,000 from general resources, subject to the availability of funds, and \$22,564,000 in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1991, will be contained in the "Summary of 1992 recommendations for general resources and supplementary funding programmes" (E/ICEF/1992/P/L.2 and Add.1).

THE SITUATION OF CHILDREN AND WOMEN

1. Since becoming independent in 1960, Senegal has had a democratic and politically stable system, a context conducive to economic and social development. The eighth in a series of development plans is currently being executed. The principal sources of foreign currency earnings are groundnuts, tourism, fishing and phosphates. The world groundnut price has been falling steadily, tourism has been adversely affected by the high cost of services and the separatist movement in Casamance, the fish-farming industry lacks basic facilities and the price and exports of phosphates are declining. Between 1980 and 1989, the rate of growth of the gross domestic product (GDP), at 2.2 per cent, was less than the population growth rate (2.9 per cent). Indebtedness decreased from \$3.6 billion in 1988 to \$3.1 billion in 1991 as a result of alleviation measures by the creditor countries. It represented 73.5 per cent of GDP in 1988/89 and debt servicing represented 26 per cent of export earnings.

2. Four structural adjustment programmes have been adopted since 1979. As a result, public spending on social development has declined (CFAF 653 per capita on health and CFAF 2,268 per capita on education in 1978/79, compared with CFAF 427 and CFAF 1,841 in 1988/89). A major human resources development project (HRDP1) for population and health (funded mainly by the World Bank) provides for a series of increases in the health budget, taking it up to 7 per cent of the State budget in 1995 (4.8 per cent in 1988/89).

3. Despite considerable foreign assistance (15 per cent of GDP in 1988), high population growth, insufficient economic growth and the debt and debt servicing have created a difficult situation. The cost of living is estimated at \$36 per week, while the guaranteed minimum wage is \$27 per week. Faced with these difficulties, vulnerable groups resort to survival strategies which consist in developing the informal sector (self-help food production), selling possessions, changing buying habits (borrowing), reducing the number of meals and the quantity of food taken, begging and spending less on health.

4. Unemployment and underemployment are growing problems. It was estimated in 1986 that wage-earners constituted 20.3 per cent of the working population, the informal sector 61.7 per cent and the urban unemployed 18 per cent. In 1991 unemployment reportedly reached 23.5 per cent. It should be noted, however, that the definition of unemployment in countries like Senegal is complex inasmuch as a large proportion of the population is only precariously or very partially employed.

5. Senegalese women play a role at nearly all levels of the national economy, especially in the informal sector (which is 60 per cent female). In disadvantaged groups, they act as breadwinner for the entire family. Frequently the first victims of the economic crisis and adjustment, they continue to be denied access to credit facilities. Despite legal provisions according them the same rights as men, they are still handicapped by traditional sociocultural attitudes. Among the most serious problems affecting them are lack of information and illiteracy (82 per cent).

6. In 1988, the overall population, estimated at 7.5 million, was 52 per cent female and 39 per cent urban. Young people under the age of 20 years constituted 58 per cent of the population, those in the 5-to-14 age group 28 per cent and those under 4 years 19 per cent. In 1986, the infant mortality rate was 86 per 1,000 live births (120 in 1975) and that of children under the age of five years 191 per 1,000 live births (287 in 1975). The limited data available show that malaria is, by a large margin, the prime cause of child mortality, followed by diarrhoeal diseases and acute respiratory infections (ARIs). With regard to nutrition, Senegalese children under the age of five years show signs of retardation in terms of height and weight. It is estimated that 21.4 per cent of that age group suffer from severe or moderate malnutrition (25 per cent in rural areas, as against 15.2 per cent in urban areas). In addition, the maternal mortality rate (850 per 100,000 live births) is particularly high.

7. Acquired immune deficiency syndrome (AIDS) is spreading rapidly: 149 reported cases in 1988, 269 in 1989 and 307 in 1990. Two types of virus have been identified: human immunodeficiency virus 1 (HIV1) (65 per cent of cases) and HIV2 (30 per cent of cases). Although a national committee to combat AIDS has been set up, a great deal of informational work remains to be done, since the population is largely unaware of the gravity of the problem.

8. The Government accords priority to the water, sanitation and hygiene sector. In spite of its efforts, technical, socio-cultural, institutional and financial constraints persist. In urban areas, 30 per cent of households have a house connection for water, 35 per cent use public stand posts and 35 per cent use other water sources that are frequently polluted. In rural areas, only 26 per cent of households have access to clean water and the remaining 74 per cent obtain their water supply from sources that are frequently polluted. Consumption in rural areas increased from 7 litres per inhabitant per day in 1981 to 23 litres in 1991 (the World Health Organization (WHO) advocates 35 litres).

9. The primary education enrolment rate rose from 27 per cent in 1960 to 57.9 per cent in 1989/90 (67.6 per cent for boys and 48.3 per cent for girls). In addition to drop-out and repetition problems, budgetary constraints affect teacher recruitment and have an adverse impact on education, accentuating the decline in primary school enrolment. A reluctance on the part of parents to send their children to school (especially girls) is compounded by the inadequacy of basic educational facilities. Schools are sometimes viewed as having a harmful influence and as being irrelevant to the child's future in rural and peripheral urban areas. The Government assigns high priority to literacy instruction and the teaching of national languages. A Deputy Minister was specially appointed in April 1991 to be responsible for these two areas.

10. The Government pursues a decentralization policy on behalf of local communities through their local elected representatives. Community participation is therefore steadily increasing. However, the success of this decentralization effort is impeded in particular by the high illiteracy rate and inefficient management.

11. The circumstances of many children, especially boys, are particularly difficult: working children; street children; talabah (Koranic students), who depend on begging to survive; and children caught up in armed conflict. Despite the lack of statistics, it is estimated that the talabah constitute the largest of these categories. They live in extremely precarious circumstances, receiving only minimal education and food and virtually no health care, and often abandoned by their parents who hand them over to marabouts (religious teachers), who compel them to beg.

PROGRAMME COOPERATION, 1987-1991

12. In the past, cooperation was primarily aimed at reducing infant mortality and morbidity rates and at improving child survival and development conditions. The country programme was decentralized and regionalized. Popular participation was an essential condition for its success. A special role was assigned to communication between the community and those responsible for implementing the programme. In particular, cooperation was encouraged with national and international non-governmental organizations (NGOs). The country programme comprised three aspects: a major health component (consisting primarily of the expanded programme on immunization (EPI)); integrated regional projects in the Thiès, Saint Louis, Kolda, Ziguinchor and Tambacounda regions; and a literacy project.

Health

13. The aim was to develop primary health care (PHC), giving priority to the training and upgrading of community health workers. The regional projects produced satisfactory results in the health area. Training was provided for all the nurses in charge of clinics (approximately 800), regional and departmental PHC supervisors (approximately 50), regional and district medical directors (approximately 60) and 850 health workers, traditional birth attendants, management committee members, etc. The supervision of this personnel was improved by substantially strengthening the outlying administrative system.

14. The nationwide EPI was aimed at immunizing all children before 1990 and at ensuring that, in the future, all children between 0 and 12 months would be vaccinated. The Government and UNICEF made vigorous efforts to implement this comprehensive immunization programme. The President of the Republic took a personal interest in the attainment of the objective. In 1989 and 1990, almost all the activities carried out with general resources consisted of efforts to speed up EPI. Thanks to those efforts, the country's health infrastructure is stronger than ever before. Immunization coverage has been significantly improved: from 20 per cent in 1986 to 61 per cent in January 1991 (with all children under 23 months fully immunized). The programme's impact has been positive. For example, cases of measles have dropped from 29,144 (588 deaths) in 1980 to 4,500 (60 deaths) in 1990. The target of 80 per cent coverage, however, has proved too ambitious, owing to the inadequate health infrastructure and outreach programme, major logistical

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problems, the responsible attitude displayed by some health workers and the high cost of the operation (capital investment and operating costs, particularly for the purchase of vaccines, primarily Imovax).

15. The programme was designed to support efforts to combat malaria and diarrhoeal diseases. A small-scale campaign to promote oral rehydration therapy led to a slight decrease in diarrhoea-related morbidity and mortality rates, but apart from some chloroquin campaigns, particularly in Casamance, no action has been taken against malaria.

16. By supporting nutrition surveillance and education programmes, it was hoped to reduce malnutrition-related mortality rates by 50 per cent, particularly by carrying out weight checks and promoting the use of growth charts. The acceleration of EPI has, however, significantly reduced support for other health activities, and improvements in nutrition have been limited by the high rate of illiteracy, particularly among women.

Regional projects

17. The regional projects worked to improve child nutrition and health primarily by supporting women's groups. The integrated activities aimed at food production in market garden districts also included labour-saving measures (millet grinding machines, crèches). These activities were welcomed by the population and supported by the Government. It seemed that they would offer a more satisfactory response to the nutritional needs of children and would help increase revenue. However, an assessment conducted at the end of 1990 identified several problems and concluded that the integrated approach was not, apparently, producing the desired results in the area of child nutrition.

18. The village water and agricultural component has reached a 60 per cent implementation rate: of the 500 water-supply systems planned, 300 have been installed with simple pumping technology (wind-powered, animal-powered or hand-operated). Certain difficulties have been encountered, however, such as delays in administrative procedures, the dilapidated state of the equipment, the discovery that the water in a number of projects is unfit for drinking, a lack of drainage and inadequacy of the health education activities.

Education

19. The 1987 operational plans made no provision for an education component. As the illiteracy of women has seriously hampered the attainment of the targets set by those plans, a supplementary funding project in non-formal education for development was approved by the Governing Council in 1989. This aims to provide basic educational materials and methods for the rural areas in the national languages (Wolof and Pulaar) and to train approximately 13,000 villagers. All the teaching materials have been prepared and trials involving certain aspects of them will continue in 1991/92. Approximately 1,000 villagers have received basic education in 58 pilot classes. The supplementary funding, which was received only in early 1991, has made

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possible the start of a second phase. This second phase will continue in 1992, providing training for 40 instructors, who will train 480 course conductors, and these, in their turn, will train 9,600 participants.

Advocacy and communication/social mobilization

20. Advocacy, particularly through information and communication, has played an important role. Modern methods (but too few traditional methods) have been used, such as press articles, interviews and reports and radio and television programmes and productions at the national and regional levels. Social mobilization has been aimed primarily at women's groups and youth groups. A strategy has been developed and successfully applied whereby schoolchildren "adopt" other children, in order to ensure that they are vaccinated. Every year, the annual greetings card campaign has been launched by the First Lady. It was in part through these advocacy efforts that Senegal played a major role in the adoption by the United Nations General Assembly of the Convention on the Rights of the Child (ratified in July 1990 by Senegal), and in the holding of the World Summit for Children, which was attended by the President of the Republic. These activities have also contributed to the establishment of a national artists' and intellectuals' committee for child survival and development and to the creation of the national chapter of the Association des professionnels africains pour l'enfance.

Planning, monitoring and evaluation

21. A monitoring and evaluation system was supposed to be established for each project and a yearly evaluation should have been made of the entire cooperation programme. These systems have been developed only partially and it has not been possible to make annual evaluations. A mid-term review was held in September 1990 and EPI and the integrated regional projects have been the subject of extensive evaluations.

Emergency assistance

22. Following the conflict with Mauritania in 1989, 150,000 refugees and repatriated nationals received emergency assistance in the form of medical and other supplies, provided by UNICEF in cooperation with the Office of the United Nations High Commissioner for Refugees and the International Committee of the Red Cross.

Lessons learned

23. The mid-term review stressed, *inter alia*, that programme coordination, at both the central and the local level, was not satisfactory. Better integration of EPI into other health components was recommended, and further decentralization of the health programme was advocated. In view of the absence of a standardized system and coordinated follow-up, the lack of regular follow-up and evaluation activities for regional projects was regretted and the objectives of those projects were considered overly ambitious.

24. Six major evaluations were undertaken: four evaluations of EPI (in 1987, 1989, 1990 and 1991) and two of regional projects (in 1989 and 1990-1991). Their recommendations were incorporated into the new programme. Some details are provided in an annex.

25. In addition to an appreciable increase in immunization coverage, EPI yielded the following positive results: improvement of the entire health structure, greater awareness on the part of decision makers, and a better understanding of the problem on the part of health personnel and population groups. Nevertheless, the predominance of EPI in the cooperation programme, which even impeded the carrying out of some activities, made a balanced, diversified and multidisciplinary programme impossible.

26. The execution of the country programme, which was scaled down with regard to EPI and regional projects (as well as the non-formal education project), proved to be unsatisfactory because it did not allow for much coherence.

RECOMMENDED PROGRAMME COOPERATION, 1992-1996

General resources: \$8,800,000
Supplementary funds: \$22,564,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	<u>General resources</u>	<u>Supplementary funds b/</u>	<u>Total</u>
Health and nutrition	2 660	8 485	11 145
Water supply and sanitation	1 710	6 000	7 710
Education	1 510	4 880	6 390
Children in difficult circumstances	910	2 100	3 010
Advocacy	410	100	510
Planning, follow-up and evaluation	600	999	1 599
Programme support	<u>1 000</u>	<u>-</u>	<u>1 000</u>
Total	<u>8 800</u>	<u>22 564</u>	<u>31 364</u>

(Footnotes on following page)

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(Footnotes to table)

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

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Purposes and objectives of the country programme

27. The country programme is based on the Government's priorities, including the objectives laid down by the World Summit for Children. It is in keeping with the national programme of action for children, which has already been prepared but has not yet been officially adopted. The purpose of the country programme is to help ensure the survival, protection and development of children and women and to improve their living conditions and welfare. The main objectives are to: (a) help reduce by a third the infant, infant-child and maternal mortality rates and lower by 10 per cent the child malnutrition rate; (b) improve access to drinking water and to sanitation services, eliminate dracunculiasis and lower the incidence of water-borne diseases; (c) help improve basic education by increasing the overall school-attendance rate to 75 per cent and the female literacy rate to 60 per cent by the year 2000; (d) improve the protection of children (particularly those in difficult circumstances). These objectives will be achieved through a number of activities which will help, *inter alia*, attain the objectives and implement the policies and programmes recommended by the World Summit, particularly in the allocation of resources; (e) improve planning, follow-up and evaluation; and (f) enhance the awareness of population groups and decision makers with regard to the survival, development and protection of children and women.

Country programme strategies

28. Focusing on the objectives, policies and actions defined by the World Summit, the strategies will mainly be to: (a) strengthen national capacities, including the planning, execution, management, follow-up and evaluation of social services; (b) promote and improve community participation, particularly with regard to planning, financing, management and follow-up; (c) maximize decentralization by ensuring a better balance between the central, intermediate and peripheral levels; and (d) provide permanent services for children.

Health and nutrition

29. The programme's objectives will be to reduce morbidity and mortality rates due to the EPI target diseases and other pathological diseases contributing to infant, infant-child and maternal mortality, and lower the number of malnutrition cases. The strategic options are the decentralization, integration, sustainability, and consolidation of EPI achievements; community participation (within the framework of the Bamako Initiative); and strengthening of national health capacities. Each one supports the national health strategy.

30. The programme will consist of two projects. The first, devoted to EPI and based on experience acquired and progress achieved, will cover the entire territory (except in the areas where the Bamako Initiative will be implemented under the second project), will aim to increase the immunization coverage rate from 60 per cent to 80 per cent, and will reach on a yearly basis all children from 0 to 11 months (200,000) and all women between 15 and 44 years of age

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(1,500,000). It will also seek to improve the accessibility and use of services through training, the supply of equipment, logistics etc. The second project will be designed to strengthen PHC (incorporating EPI) by implementing the Bamako Initiative (which would already have begun in 1991) in 11 health districts in the regions of Saint Louis, Tambacounda, Kolda and Ziguinchor (with a population of 1,830,000 persons, or 24 per cent of the total population). The project will help promote action to combat ARIs, malaria, diarrhoeal diseases, malnutrition and AIDS. This will be done at both the national and the local level in 11 target districts under the Bamako Initiative. The project will, *inter alia*, set up a co-financing system for health services and management, strengthen health structures, develop human resources, increase community participation and provide logistic support.

Water supply and sanitation

31. The programme will assist in reducing the incidence of water-borne diseases, use simple and low-cost technologies and help improve access to water, sanitation and hygiene and protect the environment. It will comprise two projects, the first of which will aim, in rural areas in three regions, to increase the rate of supplying drinking water from 10 per cent to 25 per cent by equipping 520 villages and install 5,210 liquid- and solid-waste disposal systems (serving 150,000 persons); and to eliminate dracunculiasis and improve the personal hygiene of 250,000 persons (30 per cent of the population in the targeted area). The activities will include the following tasks: creating and equipping water points; management and maintenance of facilities; improvement of water quality; latrine construction; and information, education and communication. The second project will seek to improve, in six urban centres, the sanitation and hygiene conditions of 100,000 persons, of whom 55,000 will also benefit from improved water supply. Its activities will focus on the construction and renovation of drinking-water facilities; the setting up of human-waste disposal systems and household refuse collection and storage systems; and social mobilization.

Education

32. The programme will focus on reforming old educational models and developing new methods as a way of achieving the goal of basic education for all. The programme will comprise two projects: (a) a support project for the new school system that will aim at overhauling school programmes and practices in order to arrive at a new concept of community schooling by setting up 100 pilot schools (5 per cent of all schools), covering 30,000 children between the ages of 7 and 12; and (b) a non-formal education project that will continue to develop basic educational programmes in national languages as a means of reducing illiteracy in rural areas (especially among women and young people) and better preparing the people for self-development, through the training of 260 trainers and 6,100 village facilitators, the aim being to educate approximately 115,000 people (2.5 per cent of the illiterates).

Children in particularly difficult circumstances

33. The first of its kind in Senegal, this programme will seek to improve the living conditions and instruction of 5,000 talabah in urban areas and 15,000 others in rural areas, and to obtain more data on children in difficult circumstances in general. It will consist of two projects, the objective of the first being to restore children's basic rights and to combat illiteracy among them. In the short term, it will try to improve the health, nutritional, housing and educational conditions of the talabah; and in the long term, it will help increase self-financing for the daaras (Koranic schools), change the attitudes of the marabouts and the parents, stem the rural exodus of the marabouts and keep children with their families. The second project will try to fill in information gaps, by conducting basic studies on target groups.

Advocacy of the cause of children

34. This programme will endeavour to reinforce the nation's information and communication capacity, through the utilization of modern and traditional media. It should ensure that the policies and programmes recommended by the World Summit are put into effect, especially as regards the allocation of resources; promote better implementation of the Convention on the Rights of the Child; and help make the public and those who take decisions on the rights and needs of children and women better informed and more aware. These goals will be achieved by a series of activities, including seminars/information workshops on the Convention, consciousness-raising in the schools, various media productions and special events.

Planning, follow-up and evaluation

35. This programme is intended to set up systems that will lead to better planning, follow-up and evaluation of programmes for children and women. It will be based on the governmental structures responsible for these activities, and will seek to reinforce them. It will be composed of two projects: the aim of the first will be to promote the social dimension of adjustment and permit a better assessment of the advances made towards the objectives set by the World Summit, while at the same time endeavouring to compensate for shortcomings in the situation of Senegalese women and children. The second project will develop planning, follow-up and evaluation systems in support of sectoral programmes.

Programme support

36. In addition to support for sectoral programmes, provision is being made for general country programme support covering the salaries of the office's operational staff, and the costs of fuel and storage of material and equipment.

Coordination with other partners

37. The country programme has been drawn up with the participation of the UNICEF partners: the sister agencies of the United Nations system and national and international non-governmental organizations. The bilateral donors have been informed of the various aspects of the programme throughout its preparation. The health and education activities come under the human resources development project (HRDP) (supported by the World Bank); and close cooperation will be maintained with the United Nations Population Fund (UNFPA) and the World Bank when putting into effect the population component of the project (especially as regards family planning). There are plans for joint action to reduce maternal mortality by UNICEF, the United Nations Development Programme (UNDP), UNFPA, the World Food Programme (WFP) and the United Nations Development Fund for Women (UNIFEM), through the joint advisory group on programmes. France and the United States Agency for International Development (USAID) intend to support EPI (perhaps through UNICEF in the case of USAID). Cooperation is planned with the World Bank and Switzerland on the planning, follow-up and evaluation programme. The United Nations Educational, Scientific and Cultural Organization (UNESCO) will play a particularly important role in the education programme. UNDP will support the water programme and the programme for children in difficult circumstances. The other sectoral programmes provide for the direct or indirect involvement of UNDP, WHO, UNFPA, WFP, the International Labour Office, UNESCO and the World Bank. National and international non-governmental organizations (the Environment and Development Service for NGOs, the European Centre for International Cooperation (CECI), etc.) will take part in different facets. Bilateral donors (the Canadian International Development Agency (CIDA), etc.) will be some of the main partners for certain activities. The United Nations agencies will participate in the follow-up on the Summit objectives.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

<u>Senegal</u>		(1990 and earlier years)		<u>UNICEF country classification</u>	
Under-five mortality rate	185	(1990)		Very high USMR	
Infant mortality rate	84	(1990)		High IMR	
GNP per capita	\$ 710	(1990)		Lower-middle GNP	
Total population	7327.0 Thousands	(1990)			

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1990
Births	(thousands)	190	263	290	328
Infant deaths (under 1)	(thousands)	26	28	27	28
Under-five deaths	(thousands)	45	61	47	61
Under-five mortality rate (per 1,000 live births)		237	232	163	185
Infant mortality rate (under 1) (per 1,000 live births)		138	105	92	84

		About 1980	Most recent
Underweight children (under 5)	Moderate & severe	..	22g
(% weight for age, 1980/1986)	Severe	1	6g
Babies with low birth weight (%, 1980/1980-81)		11	11
% of primary school children reaching final grade (1980/1988)		86	85

NUTRITION INDICATORS		About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1980/1987)		94/ 94/ 82	95/ 91/ 86
Prevalence of wasting (%, 1980/1986)		20	8
Prevalence of stunting (%, 1980/1986)		..	28b
Daily per capita calorie supply (% of requirements, 1979-1981/1988)		101	84
Food production per capita index (Index 1979-1981=100, 1980/1990)		86	100
Household expenditure (% of total income, 1980-1985)	All food/cereals		50/ 15

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1989)			27
Access to health services	Total	..	40
(% of population, 1980/1985)	Urban/rural	../. ..	../. ..
Access to safe water	Total	42	47
(% of population, 1980/1988)	Urban/rural	77/ 25	84/ 25
Access to adequate sanitation	Total	36	..
(% of population, 1980/1985)	Urban/rural	100/ 2	87/ ..
Births attended by trained personnel (%, 1978/1986)		50	41
Maternal mortality rate (per 100,000 live births, 1981)		..	600

Immunization		1981	1985	1990
One-year-olds (%) immunized against:	Tuberculosis	..	32	92
	DPT	..	54	60
	Polio	..	54	66
	Measles	..	40	59
Pregnant women (%) immunized against	Tetanus	..	8	45

TABLE 1 (continued)

Senegal

EDUCATION INDICATORS		About 1980		Most recent	
Primary enrolment ratio (gross/net) (%, 1980/1988)	Total	46/	37	59/	50
	Male	55/	44	70/	..
	Female	36/	30	49/	..
Secondary enrolment ratio (gross/net) (%, 1980/1988)	Total	11/	..	16/	12
	Male	15/	..	21/	16
	Female	7/	..	10/	8
Adult literacy rate, 15 years & older (%, 1970/1990)	Total		12		38
	Male/female	18/	5	52/	25
Radio/television sets (per 1,000 population, 1980/1988)		63/	1	111/	34

DEMOGRAPHIC INDICATORS		1970	1980	1985	1990	2000**
Total population	(Thousands)	4158.0	5538.0	6375.0	7327.0	9716.0
Population aged 0-15 years	(Thousands)	..	2635.3	3046.7	3494.9	4530.9
Population aged 0-4 years	(Thousands)	..	1022.7	1174.2	1321.8	1713.1
Urban population (% of total)		33	35	36	38	44
Life expectancy at birth	Total	39	44	46	48	52
(years)	Male	38	43	45	47	51
	Female	40	45	47	49	53
Total fertility rate		7.0	6.9	6.6	6.3	5.8
Crude birth rate (per 1,000 population)		49	48	46	45	42
Crude death rate (per 1,000 population)		25	21	19	17	14

		About 1980		Most recent	
Contraceptive prevalence rate (%, 1978/1986)		4		5	
Population annual growth rate (%, 1965-1980/1980-1990)	Total	2.5		2.8	
	Urban	4.1		3.7	

ECONOMIC INDICATORS		About 1980		Most recent	
GNP per capita annual growth rate (%, 1965-1980/1980-1990)		-0.5		0.0	
Inflation rate (%, 1965-1980/1980-1989)		7		7	
Population in absolute poverty (%)	Urban/rural	../..		../ ..	
Household income share (%)	Top 20%/bottom 40%	../ ..		../ ..	
Government expenditure (% of total expenditure, 1980)	Health/education	5/ 23		../ ..	
Household expenditure (% of total income, 1980-1985)	Defence	17		..	
	Health/education			2/ 3	
Official development assistance: (1980/1989)	US\$ millions	262		652	
	As % of GNP	11		14	
Debt service (% of goods & services exports, 1980/1989)		20		21	

a/ Aged 6-36 months. b/ Aged 24-36 months.

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

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TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1987-1991

(In thousands of United States dollars)

COUNTRY: SENEGAL
LATEST BOARD APPROVAL: 1986
GENERAL RESOURCES: \$7,479,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals	
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	GR	FSF
Health	3212	1221	123	164	476	368	1591	830	5402	2583
Water supply and sanitation	189	521				93	858	684	1047	1298
Nutrition	36	59					5	22	41	81
Education	5	13		13			367	681	372	707
Community organization and development	184	817	50	265	153	91	744	1123	1131	2296
Women-centred programme	116	392		11		52	210	124	326	579
Emergency	127							20	127	20
Planning and project support	391	39	34		1189	164	883	2	2497	205
Freight	210	80							210	80
GRAND TOTAL	4470	3142	207	453	1818	768	4658	3486	11153 a/	7849
										19002

GR = General resources.

FSF = Funded supplementary funding.

a/ Including allocations to fund unfunded supplementary funding and allocations from global funds.

TABLE 3. PLANNED EXPENDITURE, 1992-1996

(In thousands of United States dollars)

Country: SENEGAL Period covered: 1992-1996		Funding status	1992	1993	1994	1995	1996	Total
Health	GR	442	622	532	532	532	2660	
	FSF	993	323				1316	
	NSF	1769	1790	1849	1731	1346	8485	
Water supply and sanitation	GR	342	342	342	342	342	1710	
	FSF	256					256	
	NSF	692	1254	1414	1460	1180	6000	
Education	GR	302	302	302	302	302	1510	
	FSF	664					664	
	NSF	115	1310	1160	1135	1160	4880	
Children in especially difficult circumstances	GR	272	92	182	182	182	910	
	NSF		624	646	597	233	2100	
Social mobilization and advocacy	GR	82	82	82	82	82	410	
	NSF	32	27	36	5		100	
Planning and social statistics	GR	120	120	120	120	120	600	
	NSF	188	203	204	273	131	999	
Programme support	GR	200	200	200	200	200	1000	
TOTAL	GR	1760	1760	1760	1760	1760	8800	
	FSF	1913	323				2236	
	NSF	2796	5208	5309	5201	4050	22564	
GRAND TOTAL			6469	7291	7069	6961	5810	33600

GR = General resources.
NSF = New supplementary funding.
FSF = Funded supplementary funding.

TABLE 4. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: SENEGAL	Number of posts	Amount (Thousands of United States dollars)

FINANCED FROM 1992-1993 APPROVED BUDGET:		
International Professional established posts	3	807
Local national Professional and General Service established posts	21	1363
Operating costs		1208

Total	24	3378

FINANCED FROM PROGRAMME FUNDS: <u>a/</u>		
International Professional project posts		
General resources	2	445
Supplementary funds	2	445
Local national Professional and General Service project posts		
General resources	1	102
Supplementary funds	4	255

Total	9	1247

a/ For information source, see the 1992 revised post authorization table,
dated 23 July 1991.

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Annex

List of studies and evaluations

Studies :

1. Conditions de vie des femmes et des enfants dans les milieux défavorisés de Dakar (1987).
2. Enquête hydraulique villageoise (1987).
3. Enquête épidémiologique dans la région de Kolda (1988).
4. Enquête sur les sources d'eau dans 41 écoles du Sénégal (1988).
5. Etude sur la communication sociale (1988).
6. Evolution du statut nutritionnel des enfants 0-5 ans entre 1981-1988 (1989).
7. L'amélioration du bien-être des femmes et des enfants à travers l'appui aux groupements féminins. Analyse des résultats d'une enquête menée au Sénégal en 1989 (1990).
8. Evaluation de la situation nutritionnelle et alimentaire du jeune enfant sénégalais : influence des facteurs socio-économiques et culturels (1990).
9. Rapport synthétique de la situation nutritionnelle et alimentaire du jeune enfant sénégalais : influence des facteurs socio-économiques et culturels (1990).
10. Analyse de la situation des enfants et des femmes au Sénégal (1991).

Evaluations :

1. Evaluation de la phase accélérée du PEV (1987).
2. Evaluation ex-ante sur la condition socio-économique de la femme rurale dans la région de St-Louis (1987).
3. Evaluation ex-ante de la condition socio-économique de la femme dans la région de Kolda (1987).
4. Evaluation du projet d'éducation sanitaire dans le département de Kolda (1988).
5. Evaluation des activités génératrices de revenus des projets régionaux intégrés (1989).
6. Appréciation rapide du PEV (1989).
7. Enquête de couverture vaccinale du PEV (1990).
8. Rapport de mission de pré-évaluation de la mise en oeuvre de l'Initiative de Bamako au Sénégal (1990).
9. Evaluation finale du PEV (1990).
10. L'intégration en faveur des enfants et des femmes, Volumes I et II (1991).
11. Enquête nationale de couverture vaccinale (1991).



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1992 session

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Colombia

The Executive Director recommends that the Executive Board approve the country programme of Colombia for the period 1993-1997 in the amount of \$6,050,000 from general resources, subject to the availability of funds, and \$16,576,000 in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1991, will be contained in the "Summary of 1992 recommendations for general resources and supplementary funding programmes" (E/ICEF/1992/P/L.2 and Add.1).

THE SITUATION OF CHILDREN AND WOMEN

1. Over the past year, Colombia has made major efforts to modernize and open its economy. The country aims to accelerate social development through a series of economic changes, constitutional reform and the implementation of processes to enhance peace and justice.
2. The ultimate goals of these efforts are to extend basic services to 40 per cent of Colombia's 33 million inhabitants and save over one fourth of the population from extreme poverty. Some major constraints the country faces in its social development efforts include drug-associated terrorism, the persistence of guerrilla attacks in strategic locations and an increase in common delinquency, all of which have negatively affected the social and economic situations of Colombia's children and youths, who account for 47 per cent of the total population.
3. Colombia's infant mortality rate (IMR) dropped from 74 per 1,000 live births in 1971 to 40 in 1990, but it is still high by Latin American standards. There are, however, significant differences within the country: IMR for the Pacific coast is 120 per 1,000 live births, whereas for Santa Fe de Bogotá it is 22 per 1,000 live births. The main causes of infant mortality are perinatal diseases, diarrhoeal diseases and respiratory infections.
4. Infant mortality and the incidence of vaccine-preventable diseases have decreased significantly owing to the strengthening of the regular health services, combined with immunization campaigns, which achieved the following coverage rates: tuberculosis, 95 per cent; combined diphtheria/pertussis/tetanus, 87 per cent; measles, 82 per cent; and poliomyelitis, 93 per cent. These government actions have been supported by UNICEF, Rotary International and the Pan American Health Organization (PAHO). Despite this encouraging trend, by April 1991, six cases of poliomyelitis had been identified on the Atlantic coast. A moderate decline has been reported in diarrhoeal and parasitic diseases (from 3.4 per cent in 1984 to 3.2 per cent in 1988), while the number of acute respiratory infections (ARI) rose from 4.8 per cent to 5.4 per cent in the same period. Accidents are the primary cause of mortality among children 5 to 14 years of age.
5. As a result of the cholera epidemic that hit Colombia in March, almost 6,000 cases were reported by the end of August 1991, 3,600 of which required hospitalization and 119 of which ended in death. A national committee for cholera surveillance was created, headed by the Minister of Health, with the participation of PAHO and UNICEF. As part of the national plan for cholera control, a house-to-house "sanitation mop-up" operation was conducted in high-risk areas. More than 500,000 houses were visited. A second round is currently under way.
6. The first case of acquired immune deficiency syndrome (AIDS) was reported in 1983 and by 1991, 1,742 cases of the disease had been identified, 126 of which were in women, 8 in children under 1 year of age, 14 in children between 1 and 9 years old, 4 in children between 10 and 14 years of age, and 41 in

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adolescents between 15 and 19 years of age. Some 761 deaths were reported for 1991. Government interventions have concentrated on mass education, research, blood-bank control and capacity-building.

7. The status of child nutrition in the country has improved in the last decade, but 13 per cent of children under five years of age still show signs of malnutrition. Chronic malnutrition is present in 20 per cent of children, principally among poor families with uneducated mothers. The incidence of low birth weight reached 9 per cent in the five major cities of the country. The Instituto Colombiano de Bienestar Familiar (ICBF) (Colombian Institute of Family Welfare) provides supplementary feeding to nearly 1 million children under seven years of age through a network of 50,000 community child-care homes and more than 1,000 pre-school centres. This represents only 47 per cent of children between two and seven years of age and 42 per cent of children under two years of age.

8. Pre-school enrolment is low for poor children and benefits less than 400,000 children in the country, most of whom attend private-sector schools. Approximately 80 per cent of children six years of age enter the first grade; however, there is a repetition rate of 20 per cent and a drop-out rate of 15 per cent, mainly owing to the poor quality of teaching and insufficient classroom facilities. The shortage of school facilities is higher in the municipalities on the Pacific and Atlantic coasts, as well as in the Amazon region. Regional disparities also exist in the rates of enrolment for school-age children. The rate of enrolment in cities is 87 per cent, while in the rural areas it is 80 per cent. Although there are no significant differences in the access of girls and boys to primary education, there are gender differences in the pedagogical approaches and educational materials, which tend to reinforce gender stereotypes.

9. Child abuse affects children from all social and economic strata, and has serious repercussions on adulthood. According to ICBF, there are approximately 100,000 cases of child abuse every year. ICBF has estimated that there are 20,000 abandoned children, 5,000 street children and 26,000 institutionalized children. The number of children who are either victims or perpetrators of acts of violence has increased alarmingly. There are a substantial number of unidentified children in areas of armed conflict and 2 million children between 7 and 14 years of age without the most basic services.

10. Child employment has increased in the country owing to unequal distribution of income and inefficiency in the educational system. ICBF estimates that there are close to 800,000 working children between 12 and 17 years of age who perform low-level jobs, receive low wages, work longer hours and lack formal employment benefits. It has been estimated that in 1988, some 16 per cent of the children under nine years of age living in rural areas performed jobs outside of the household.

11. Colombia's indigenous population accounts for 1.5 per cent of the total population. Although there are laws that safeguard the rights of indigenous communities, in practice, the models introduced by outside institutions are usually imposed upon these people and clash with their organizational and economic systems. Little information is available on the situation of indigenous children. The only available studies indicate that, in 1990, IMR among indigenous people in the Cauca region was 44 per 1,000 live births, in contrast with 36 per 1,000 live births for the whole region. Through the subregional programme for sustainable development for children in the Amazon basin, a situation analysis is being conducted to help guide future actions in favour of indigenous children in the Amazon region.

12. The role of women in Colombia has changed dramatically. As the number of households headed by women has increased, family structures have also changed, especially among the poor. The number of families headed by women has increased by 25 per cent. Economic conditions in indigent households headed by women are precarious, and their income levels are the lowest among the poor. Between 1976 and 1989, the working population increased by 59 per cent for men and 83 per cent for women. It is assumed that the increasing supply of female labour has been absorbed by the growing informal sector. The bulk of structural unemployment in Colombia is attributable to women in the 25- to 30-year age group who have not completed secondary education and who are seeking full-time jobs. In 1990, the average female income was 32 per cent lower than that of males. Women in rural areas who are heads of households own less land, control smaller plots and lack access to credit and technical assistance.

13. Women of child-bearing age account for one fourth of the total population and represent half of the female population. The country's total fertility rate decreased to 2.9 children per woman. The percentage of pregnant women immunized against tetanus increased to 85 per cent in 1991. Although maternal mortality attributable to birth-related complications dropped to 100 per 100,000 live births in 1990, complications related to pregnancy or abortion are still the main cause of hospitalization for women between 15 and 44 years of age.

PROGRAMME COOPERATION, 1988-1992

14. UNICEF cooperation in this ongoing programme has focused on child survival, universalization of primary education (through the "new school" approach), home day-care centres, training and organization for peasant women, social mobilization and support for social policy formulation, and the provision of basic services for the Pacific coast, Bucaramanga and Santa Fe de Bogotá.

15. The programmes for child survival, home day-care centres and the "new school" constituted part of the social policies of the Government to reduce poverty. The programme for social mobilization contributed to the

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dissemination of the Convention on the Rights of the Child and its integration into the new constitution.

Child survival

16. The national child survival programme, *Supervivir*, has contributed to the increase of vaccination coverage to a national average of 80 per cent in 1990 for the main antigens - combined diphtheria/pertussis/tetanus, anti-tuberculosis, poliomyelitis and measles vaccines. The programme has been implemented in all of the departments of the country and a network of about 400,000 health agents, most of whom are high-school students, has been established. Significant progress has also been achieved in social mobilization, intersectoral and community participation and the establishment of community oral rehydration units and community care units for ARI, as well as in the promotion of breast-feeding and appropriate child-rearing practices.

Home day-care centres

17. The Government of Colombia has made very good efforts to enhance child development for children under seven years of age. Through the home day-care programme, 1 million children between two and seven years of age receive supplementary feeding and pre-school education. As a result of the mid-term programme review, provisions have been made to strengthen the training of mothers and education agents in the community and to improve health care for children and coordination between the health and education sectors. Early stimulation activities are also being undertaken for children under two years of age, as well as training for lactating mothers and pregnant women. The collection and processing of information has been systematized for more efficient programme monitoring and evaluation. With the cooperation of the World Bank, an evaluation of the programme is under way.

Universalization of primary education

18. The Government of Colombia has achieved significant results in the coverage and improvement in the quality of rural primary education by using the "new school" methodology. More than 1 million children in 20,000 schools attend classes that use the "new school" approach. UNICEF has contributed to the training of 40,000 teachers and to the production of education materials. According to the preliminary results of an evaluation undertaken with UNICEF support, there is a need to improve training and to strengthen regional training teams, learning centres and work-study groups for teachers. The "new school" methodology is being promoted in other countries to assist in the achievement of universal primary education. The Government has officially adopted the "new school" approach as the curriculum for rural areas and is planning to introduce it in the urban areas.

Basic social services

19. UNICEF has supported the provision of basic services in the cities of Bucaramanga and Santa Fe de Bogotá and in the Pacific coast.

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20. In Bucaramanga, the basic services programme has been implemented following an innovative methodology that combines the integrated and simultaneous provision of basic services with community participation and intersectoral coordination. More than 160,000 inhabitants living in 85 neighbourhoods have benefited.

21. In Santa Fe de Bogotá, the programme, launched in 1988, encountered difficulties in its initial phase of implementation and had to be reformulated in 1990. To accelerate the rate of implementation, an agreement was signed between UNICEF, the Office of the Mayor of Santa Fe de Bogotá and two non-governmental organizations (NGOs), which will provide technical support for the planning and monitoring of basic services to reach nearly 600,000 people living in the poorest areas of the city.

22. The basic services programme for the Pacific coast has achieved significant coverage in the fields of health, education and pre-school education for children under seven years of age. Nearly 100,000 children have been immunized. Some 700 schools are operating with the "new school" methodology and more than 1,400 teachers have been trained. UNICEF has supported the production of educational materials and the broadcasting of educational radio programmes for the adult literacy programme. The experience gained in the Pacific coast with the implementation of the "new school" methodology and the child-care programme has been used to expand these activities to the national level.

23. The basic services programme is in the process of consolidation. In Bucaramanga, the Office of the Mayor, the Corporación de Defensa de la Meseta de Bucaramanga (Corporation for Defence of the Bucaramanga Plateau) and the city's health institute have made budgetary allocations for the expansion and development of the programme. In Santa Fe de Bogotá, the district council has adopted the programme as part of the city development plan. Although the Plan de Desarrollo Integral de la Costa Pacífica (Integral Development Plan for the Pacific Coast) has adopted the basic services methodology for the provision of basic services, the integration of the services could not be achieved owing to geographic and coordination obstacles. To overcome this constraint, the mayors' offices in this region are promoting local planning and the creation of community coordinating institutions.

Promotion of women's development

24. The programme for the promotion of women's development focused on employment generation, organization and training in child development. Three pilot projects were developed at the departmental level, and support was provided to implement national policies, identify technologies to improve households and increase access to loans for peasant women. Support has also been provided for the creation of "women's offices" in several municipalities.

Children in especially difficult circumstances

25. UNICEF supported demonstration experiences that combine treatment with prevention at the community level, as well as a situation analysis of children in especially difficult circumstances. Support was also provided for the Preventive Movement for Youths and Children at High-Risk, which brings together 270 local government agencies and NGOs, under the coordination of the Consejo Nacional de la Niñez, Adolescencia y Juventud (National Council for Childhood, Adolescence and Youth). The Presidential Office for Youths, Women and the Family, with UNICEF cooperation, is developing a youth policy and has implemented two demonstration experiences for youths and children in especially difficult circumstances at Valle del Cauca and Cali, in coordination with NGOs and the community.

Community for children and women

26. UNICEF supported the creation of a Social Communications Office at the Ministry of Communications, which is the coordinating body for educational communications directed at children and women. Support was provided for the design and execution of a campaign on the rights of the child using a combination of radio, television and the print media, along with the participation of the public and private sectors. The main goals of the campaign were to create awareness about the problems of children and to promote the Convention on the Rights of the Child. More than 40,000 educational charts on the rights of the child were distributed among teachers and students as part of the campaign. Although the campaign produced significant actions to benefit children, the Government still lacks a communication strategy to support programmes for women and youths.

Lessons learned

27. A key lesson learned has been the importance of strengthening the delivery capacity of programmes related to maternal and child health, child development, basic education, children in especially difficult circumstances and women's development. It was also learned that, in order to maximize the impact of UNICEF cooperation, it will be necessary: (a) to develop models of intervention at municipal, regional and national levels for the correct application of national policies; (b) to improve programme coordination and decentralize programme monitoring and follow-up systems; (c) to develop impact indicators; and (d) to reinforce communications strategies to create a culture in favour of children and women.

RECOMMENDED PROGRAMME COOPERATION, 1993-1997

Recommended general resources: \$ 6,050,000
Supplementary funding: \$16,576,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	<u>General resources</u>	<u>Supplementary funds b/</u>	<u>Total</u>
Health	1 210	2 839	4 049
Child development	1 000	3 192	4 192
Basic education	800	2 315	3 115
Women in development	-	1 819	1 819
Children in especially difficult circumstances	-	2 082	2 082
Communication for children and women	482	367	849
Advocacy and planning	121	1 519	1 640
Basic social services	670	2 443	3 113
Programme support	<u>1 767</u>	<u>-</u>	<u>1 767</u>
Total	<u>6 050</u>	<u>16 576</u>	<u>22 626</u>

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

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The national programme of action

28. The Government of Colombia has prepared a national programme of action to implement the goals of the World Summit for Children and to accelerate implementation of the Convention on the Rights of the Child. The programme of action approved by the Colombian National Council on Economic and Social Policy ensures the continuity and sustainability of the proposed lines of action to achieve the national goals. The main goals of the national programme of action are as follows:

	<u>1990</u>	<u>1997</u>	<u>2000</u>
1. Infant mortality rate (per 1,000 live births)	40	28	25
Under-five mortality rate (per 1,000 live births)	50	35	31
2. Maternal mortality rate (per 100,000 live births)	110	77	55
3. Malnutrition			
- Under-five malnutrition (percentage)	13	8	6
4. Water			
- Access to safe drinking water (percentage)	92	97	100
5. Sanitation			
- Access to sanitary means of excreta disposal (percentage)	52	59	100
6. Basic education			
- Enrolment ratio at primary level	84	92	100
- Grade one enrolment completing primary school	59	72	80
7. Adult literacy rate (percentage)	90	93	95

29. The UNICEF programme of cooperation has been prepared in line with the national programme of action. The preparation of the country programme involved a careful analysis of government policies and priorities, national goals, the situation of children and women, as well as the results of evaluations of past cooperation. The Government has agreed that UNICEF should make a special effort to support the formulation and consolidation of policies for the integrated development of children, youth and women.

30. The Government of Colombia has requested UNICEF to support the following national objectives: (a) to reduce infant and child mortality; (b) to reduce malnutrition; (c) to implement the national policy on child development; (d) to achieve universal basic education; (e) to improve access to water

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supply and sanitation; (f) to provide special services for children in especially difficult circumstances; and (g) to guarantee equal rights for girls and women. The Government has also requested support for the design of appropriate methodologies for the provision of basic services in remote and poor areas of the country, and to contribute to the development of the national programme of action.

31. The country programme of cooperation comprises national programmes in the areas of health, child development, basic education, women in development, children in especially difficult circumstances, communication for children and women, advocacy and planning for social policies, as well as area-based programmes for the provision of basic services at the regional level. Cooperation strategy will focus on the Convention on the Rights of the Child, the commitments assumed by Colombia at the World Summit for Children and the national programme of action. The strategy will emphasize human development, highlighting the importance of integrated child development programmes in the process of all social development efforts. This, in turn, will foster social communication, new alliances and the decentralization of financial resources.

Health

32. The proposed programme is divided into six projects: the promotion of primary health care (PHC); immunization; control of diarrhoeal diseases (CDD); reduction of maternal and child malnutrition; control of ARI; and the prevention of AIDS. The target population for the first five projects will be nearly 2 million children under five years of age.

33. The programme aims to improve the health of mothers and children and to control vaccine-preventable diseases through promotional and preventive actions. The specific objectives are: (a) to reduce maternal and perinatal mortality and to promote breast-feeding and the "baby-friendly" hospital initiative; (b) to reduce under-five mortality and morbidity caused by CDD, ARI, vaccine-preventable diseases and accidents; and (c) to reduce low birth weight and malnutrition in children under five years of age. The strategy of cooperation will focus on municipal and state health departments, which will be supported through technical assistance in programme development, management and personnel training.

34. UNICEF will cooperate with the Ministry of Health to extend health services to 800,000 women; to strengthen the capacity of 38 health agencies; and to train 3,100 health teams and 3,000 midwives in aspects of maternal and perinatal care. The immunization project will strive to attain universal immunization for poliomyelitis and the consequent eradication of the disease; to train government officials from 20 regional health offices in monitoring and the production of educational material; and to strengthen the cold chain. To reduce child and maternal malnutrition, UNICEF will support the training of 10,000 nurses' aides on the use of growth charts, the production of educational material for health personnel and the community, and the control of anaemia. Support will also be provided to promote "baby-friendly" hospitals and breast-feeding. This project will be implemented in

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coordination with income-generating activities for women. For CDD, UNICEF will support the production of packets of oral rehydration salts and the training of 7,000 health promoters and 10,000 volunteers working in the oral rehydration units. Logistical support will also be provided for these units. To reduce ARI, support will be provided to train 7,000 health promoters on aspects related to the causes, prevention and treatment of ARI. UNICEF will also contribute to the production of educational material for the prevention of AIDS.

Child development

35. UNICEF will support the Government in defining and implementing a national policy for child development, leading to universal child-care coverage and the identification of new child-care modalities to meet the needs of children and their families. More specifically, the programme seeks to support the development of actions to improve the health and nutrition of children under seven years of age; to prevent child abuse, abandonment and exploitation; to disseminate and enforce the Code for Minors; to support the design and implementation of strategies to provide mass education for parents and the community; and to promote the organization of parents' associations for the defence of the rights of the child.

36. Building on past experience, UNICEF will contribute to the expansion of the child-care community home programme to reach 1 million children between two and six years of age, some 600,000 children under two years of age and some 400,000 pregnant women. The programme will also train 20,000 "new school" teachers on aspects related to child survival and development. Advocacy and social mobilization will be used at all levels to enhance the participation of all sectors of the society, especially that of private institutions.

Basic education

37. The main lines of action of this programme are the universalization of basic education and literacy for women and girls. The basic education programme aims to increase primary school enrolment in urban and rural areas, and to improve the quality of education as a means to retain a higher number of children and youth. Actions to be supported include expanded coverage of the pre-school programme to 630,000 children by 1994, and the training of 20,000 rural "new school" teachers and 23,000 first-grade teachers in new teaching methodologies for reading, writing and mathematics. The programme will also train teachers in rural areas in the "new school" methodology and consolidate and disseminate information on the "new school" concept in the marginal urban areas of 20 per cent of the municipalities.

38. UNICEF will support changes in school curricula and other education material when it is discriminatory and distorts the values of men and women. Emphasis will be placed on improving literacy among women and reducing existing disparities between boys and girls in the process of socialization at

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family, school and community levels. Support will be provided: (a) to design a five-year plan to improve literacy and increase the retention of girls in schools; (b) to provide training for public officials of the Ministry of Education and community leaders in order to create a more positive attitude towards women's literacy programmes; and (c) to support the production of educational material based on the contents of Facts for Life.

Children in especially difficult circumstances

39. The line of action in this sector encompasses two areas: children in especially difficult circumstances; and support for the organization and development of youth. The objectives of the programme are: (a) to strengthen the Central Youth Policy Coordinating Units; and (b) to support youth development through the provision of health care and basic education, as well as through the creation of employment opportunities and the organization of the youth. Responding to government priorities established in the country's new constitution and through the adoption of the Convention on the Rights of the Child, the programme will also seek to improve the quality of life for children in especially difficult circumstances by reducing or eliminating abuse, abandonment and exploitation of working children, street children, institutionalized children and those in situations of armed conflict. The programme will contribute to the development of a support system for children and youth in especially difficult circumstances. In addition, support will be provided for the development of intervention models at municipal, departmental and regional levels aimed at providing integrated health care, education and recreation, as well as appropriate emotional support for children in especially difficult circumstances.

40. Public awareness and advocacy campaigns will be promoted through mass media, with the support of the Ministry of Communication, to sensitize the public to the problems and needs of children in especially difficult circumstances and youths. UNICEF will support the establishment of a national support system for children in especially difficult circumstances in coordination with ICBF, and the setting up of a data-gathering system. Support will also be provided to develop new methodologies and modalities of intervention to be replicated in different areas of the country.

Women in development

41. The programme's main goal is to strengthen policy coordination for women and to structure, evaluate and disseminate five intervention models. More specifically, the programme is intended to design and set up a system to monitor the situation of women; to support the creation of mechanisms for policy application; to support appraisal of women's remunerated and non-remunerated work; to improve health, nutrition and education; to influence the content of formal education in order to avoid inequalities in images and the status of men and women; and to provide work-related and technical training for women. UNICEF will support the provision of health care for 450,000 adolescents aged 10 to 19 years and for 363,000 adult women.

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Advocacy and planning

42. This programme will aim: (a) to contribute to the implementation of the national programme of action at national and local levels through the application of an equitable social expenditure strategy; and (b) to strengthen the decentralization processes and reinforce the State's capacity to design, formulate, execute and evaluate social policies. The programme will focus on the poorest groups, strengthening the capacity of social institutions and developing an information-gathering system on poverty and social impact indicators at national, regional and local levels. Activities will include follow-up on water improvement programmes, which are a component of the present administration's policies; supporting innovative experiences related to the reinforcement of municipal and community administration; supporting training for municipal administrators and community leaders; and disseminating the achievements of social policy in general, and advancements towards national goals.

43. UNICEF will continue to support the Oficina Nacional de Planificación (National Planning Office) in the development of a national indicator system to monitor the situation of children and women. UNICEF will also support the evaluation of the home day-care centres programme and the "new school" programme.

44. UNICEF will support the design and development of information mechanisms directed to mayors, governors, members of congress, the private sector and the media in order to promote the rights of children, women and youth and to organize educational activities for parents, children, women and youth. Proposed actions include putting the rights of the child on the agenda of political parties; organizing communication committees for children, youth and women; and designating communication strategies to promote the basic services programmes. To support the attainment of national goals, the programme will strive to create and sustain momentum in favour of social development through social mobilization, the use of national and regional media, local development and inter-institutional coordination.

Basic social services programmes

45. Experiences gathered from the Bucaramanga, Pacific coast and Santa Fe de Bogotá basic services programmes have demonstrated the importance of the basic services programme methodology in improving efficiency in the provision of services through the coordination of resources and efforts, with active community preparation in decision-making.

46. The country's present context of political and administrative decentralization and the commensurate increase in the responsibility of municipalities to develop programmes to meet basic needs increases the need to implement a methodology such as the one used in the basic services programme.

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47. With community participation, UNICEF will support the development of basic services models at regional and municipal levels that address needs in the areas of PHC, basic education, sanitation and income generation. The programme will coordinate efforts in the poorest parts of the country, namely, the Pacific coast, the Atlantic coast, the Amazon basin and the department of Valle del Cauca. The programme will continue its activities in Santa Fe de Bogotá and will be extended to include Medellín. Approximately 3 million people living in poverty will benefit.

Cooperation with United Nations agencies

48. Cooperation with agencies of the United Nations system and bilateral cooperation sources is considered essential for the attainment of the country programme goals. UNICEF will coordinate actions with PAHO, Rotary International and the United States Agency for International Development (USAID) on matters related to universal child immunization. UNICEF will join efforts with PAHO to control cholera, reduce ARI and improve maternal health. The nutrition surveillance system will continue to be implemented with the cooperation of the Food and Agriculture Organization of the United Nations (FAO). The United Nations Development Programme (UNDP) and UNICEF will cooperate to develop a human development project with the participation of the Fundación para la Educación Superior y el Desarrollo (Foundation for Higher Education and Development), a private Colombian institution. UNICEF will also work with the United Nations Population Fund (UNFPA) to improve maternal health. Other joint activities will be carried out with the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Bank and the Inter-American Development Bank.

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TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Colombia		(1990 and earlier years)	UNICEF country classification	
Under-five mortality rate	50	(1990)	Middle USMR	
Infant mortality rate	39	(1990)	Middle IMR	
GNP per capita	\$ 1240	/1990)	Lower-middle GNP	
Total population	33.0 Million	(1990)		

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1990
Births	(thousands)	752	836	835	878
Infant deaths (under 1)	(thousands)	59	42	34	34
Under-five deaths	(thousands)	88	54	60	44
Under-five mortality rate		117	65	72	50
(per 1,000 live births)					
Infant mortality rate (under 1)		78	50	41	39
(per 1,000 live births)					

		About 1980	Most recent
Underweight children (under 5)	Moderate & severe	..	10
(% weight for age, 1980/1987)	Severe	..	2
Babies with low birth weight		10	8*
(%, 1979/1986)			
% of primary school children		..	57
reaching final grade (1980/1986)			

NUTRITION INDICATORS		About 1980	Most recent
Mothers breast-feeding at 3/6/12 months		70 / 54 / 39	80/ 56/ 36
(%, 1976/1986)			
Prevalence of wasting (%, 1980/1985)		10	5
Prevalence of stunting (%, 1980/1985)		28	18
Daily per capita calorie supply			
(% of requirements, 1979-1981/1988)		108	110
Food production per capita index		99	111
(Index 1979-1981=100, 1980/1990)			
Household expenditure	All food/cereals		29/ ..
(% of total income, 1980-1985)			

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1988-1989)			40
Access to health services	Total	..	60
(% of population, 1980/1985)	Urban/rural	.. / ..	.. / ..
Access to safe water	Total	63*	88
(% of population, 1980/1988)	Urban/rural	89* / 16*	88/ 87
Access to adequate sanitation	Total	61	70
(% of population, 1980/1985)	Urban/rural	93/ 4	96/ 13
Births attended by trained personnel		..	71
(%, 1986-1990)			
Maternal mortality rate			
(per 100,000 live births, 1979/1987)		..	200

Immunization		1981	1985	1990
One-year-olds (%) immunized against:	Tuberculosis	57	76	95
	DPT	20	61	87
	Polio	22	62	93
	Measles	26	53	82
Pregnant women (%) immunized against	Tetanus	6	..	22

TABLE 1 (continued)

Colombia

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1980/1986)	Total	128/ ..	114/ 73
	Male	127/ ..	112/ 72
	Female	130/ ..	115/ 74
Secondary enrolment ratio (gross/net) (%, 1980/1986)	Total	44/ ..	56/ ..
	Male	43/ ..	55/ ..
	Female	45/ ..	56/ ..
Adult literacy rate, 15 years & older (%, 1970/1990)	Total	78	87
	Male/female	79/ 76	88/ 86
Radio/television sets (per 1,000 population, 1980/1988)		128/87	170/110

DEMOGRAPHIC INDICATORS		1970	1980	1985	1990	2000**
Total population	(Million)	21.4	26.9	29.9	33.0	39.4
Population aged 0-15 years	(Million)	..	10.8	12.0	12.6	13.5
Population aged 0-4 years	(Thousands)	..	3621.2	3957.8	4124.8	4370.8
Urban population (% of total)		57	64	67	70	75
Life expectancy at birth (years)	Total	61	66	68	69	71
	Male	59	63	65	66	68
	Female	63	68	71	72	74
Total fertility rate		5.5	3.8	3.3	3.0	2.7
Crude birth rate (per 1,000 population)		38	31	28	27	23
Crude death rate (per 1,000 population)		9	7	6	6	6

		About 1980	Most recent
Contraceptive prevalence rate (%, 1980/1986)		51	65
Population annual growth rate (%, 1965-1980/1980-1990)	Total	2.2	2.0
	Urban	3.5	2.9

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-1980/1980-90)		3.7	1.1
Inflation rate (%, 1965-1980/1980-1989)		17	24
Population in absolute poverty (%, 1977/1985)	Urban/rural	34 / ..	32*/ 70*
Household income share (%, 1975/1988)	Top 20%/bottom 40%	59 / 11	53*/ 13*
Government expenditure (% of total expenditure, 1980/1989)	Health/education	.. / ..	.. / ..
	Defence	..	..
Household expenditure (% of total income, 1980-1985)	Health/education		7 / 5
Official development assistance: (1980/1989)	US\$ millions	90	62
	As % of GNP	0	..
Debt service (% of goods & services exports, 1980/1989)		9	38

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

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TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1988-1992 a/

(In thousands of United States dollars)

COUNTRY: COLOMBIA
LATEST BOARD APPROVAL: 1988
GENERAL RESOURCES: \$6,168,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	PSF	GR	PSF	GR	PSF	GR	PSF	GR	PSF	Total
Health	165	146	276	227	43	70	1084	565	1568	1008	2576
Water supply and sanitation	7		18				47	31	72	31	103
Nutrition		103								103	103
Education	5		225	79		46	401	88	631	213	844
Community organization and development	147	55	214	197	4	43	700	885	1065	1180	2245
Young child development	55	39	129		6		86	35	276	74	350
Women-centred programme		2	40	29	13		147	153	200	184	384
Children in especially difficult circumstances		1		60		12		54		127	127
Advocacy	54		36				397	11	487	11	498
Emergency								69		69	69
Planning and project support	56	3	35		472	40	618	59	1181	102	1283
Freight	16	7							16	7	23
GRAND TOTAL	505	354	973	592	538	211	3480	1950	5496	3109	8605

GR = General resources.

PSF = Funded supplementary funding.

a/ The current programme cycle covers period 1988-1992, but actual expenditure figures are only available through 1991.

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TABLE 3. PLANNED EXPENDITURE, 1993-1997

(In thousands of United States dollars)

Country: COLOMBIA Period covered: 1993-1997	Funding status	1993	1994	1995	1996	1997	Total
Health	GR	242	242	242	242	242	1210
	NSF	633	691	618	594	303	2839
Education	GR	160	160	160	160	160	800
	USF(R)	102					102
	NSF	700	482	408	473	252	2315
Young child development	GR	200	200	200	200	200	1000
	NSF	796	722	719	570	385	3192
Women-centred programme	USF(R)	106					106
	NSF	450	500	370	277	222	1819
Children in especially difficult circumstances	NSF	560	410	374	373	365	2082
Communication for children and women	GR	100	100	100	100	82	482
	NSF	150	100	80	37		367
Planning and social statistics	GR	25	20	20	14	42	121
	NSF	377	365	165	231	381	1519
Programme support	GR	349	354	354	360	350	1767
Integrated area-based programmes	GR	134	134	134	134	134	670
	USF(R)	206					206
	NSF	609	571	499	432	332	2443
TOTAL	GR	1210	1210	1210	1210	1210	6050
	USF(R)	414					414
	NSF	4275	3841	3233	2987	2240	16576
GRAND TOTAL		5899	5051	4443	4197	3450	23040

GR = General resources.

NSF = New supplementary funding.

USF(R) = Unfunded supplementary funding subregional.

TABLE 4. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: COLOMBIA	Number of posts	Amount (Thousands of United States dollars)

FINANCED FROM 1992-1993 APPROVED BUDGET:		
International Professional established posts	2	478
Local national Professional and General Service established posts	12	619
Operating costs		446

Total	14	1543

FINANCED FROM PROGRAMME FUNDS: a/		
International Professional project posts		
General resources	2	429
Supplementary funds		
Local national Professional and General Service project posts		
General resources	16	966
Supplementary funds	1	150

Total	19	1545

a/ For information source, see the 1992 revised post authorization table,
dated 23 July 1991.



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1992 session

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Cuba

The Executive Director recommends that the Executive Board approve the country programme of Cuba for the period 1992-1996 in the amount of \$5,000,000 from general resources, subject to the availability of funds, and \$7,000,000 in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1991, will be contained in the "Summary of 1992 recommendations for general resources and supplementary funding programmes" (E/ICEF/1992/P/L.2 and Add.1).

THE SITUATION OF CHILDREN AND WOMEN

1. The country programme of cooperation for the period 1992-1996 has been formulated in the light of the goals established in the National Programme of Action prepared by the Government of Cuba as a follow-up to the World Summit for Children. These instruments have been designed at a time when the Cuban economy is adapting to the new international realities posed by the recent profound social, economic and political changes in Eastern Europe and the former Union of Soviet Socialist Republics, which had been the principal source of support to the Cuban economy.

2. The severe economic constraints resulting from the aforementioned changes include restricted access to credit, raw materials and other industrial inputs, basic foreign aid and access to foreign markets in general, which have triggered a severe economic recession in Cuba, forcing harsh cuts in government expenditures. During 1990 and 1991, the gross national product (GNP) grew at an annual rate of 1 per cent. In 1990, overall industrial production declined by 12 per cent and sugar production, the most important source of export earnings, declined by 24 per cent. The total foreign exchange earnings which Cuba derives from its sugar exports are sufficient to import only 4 million metric tons of oil, which amounts to approximately one third of the country's oil needs.

3. The severe economic problems facing the country could jeopardize the significant progress that Cuba has attained in the area of social development during the last 32 years, especially in the areas of child survival and development (CSD) and maternal health. Expenditures in education and health continued to decline during 1990 and 1991, dropping from 23 per cent of gross social expenditure in 1988 to 21 per cent in 1989. This decline in social expenditure is expected to continue during coming years.

4. Cuba's economic situation has been aggravated by a sharp decline in food imports from the former Soviet Union and Eastern Europe. For example, imports of condensed and powdered milk fell by 123,000 tons, processed foods and vegetables by 10,000 tons and chicken by thousands of tons. Domestic production of processed foodstuffs also fell by 23 per cent during the first quarter of 1990, compared with the same period in 1989. The low availability of food products such as milk, rice, flour, fruit and vegetables has given rise to nutritional deficiencies among the child population.

5. Cuba has made very remarkable progress in CSD and maternal health. In 1990, the infant mortality rate (IMR) was 11 per 1,000 live births and the under-five mortality rate was 14 per 1,000 live births. Cuba was also successful in reducing its maternal mortality rate (MMR) from 53 per 100,000 live births in 1980 to 32 in 1990.

6. In 1990, Cuba reported the following rates of immunization coverage in infants under one year of age: 95 per cent for three doses of combined diphtheria/pertussis/tetanus (DPT) vaccine; 97 per cent for three doses of poliomyelitis vaccine; 98 per cent for anti-tuberculosis vaccine; and

95 per cent for rubella and parotiditis. A rate of 95 per cent was reported for pregnant women vaccinated against tetanus toxoid.

7. In spite of the progress made in maternal and child health (MCH), several areas still require attention. Although the rate of infant mortality attributable to diarrhoeal diseases is 0.5 per 1,000 live births, 750,000 cases of diarrhoeal disease are reported annually. About 90 per cent occurred in children under five years of age. Since 1980, acute respiratory infections (ARI) have constituted the third most important cause of infant death in Cuba. In 1990, these infections accounted for 6.7 per cent of deaths in infants under one year of age, and for 20 per cent of all medical consultations for children under five years of age. In 1990, accidents caused the highest number of deaths for children from one to five years of age and were the fifth most important cause of death in infants under one year of age.

8. Cuba has attained favourable results in the area of population and is one of a group of countries reporting low rates of population growth, although some still require improvement. Approximately 60 per cent of women give birth less than 19 months after a previous birth, and 30 per cent less than 15 months after a previous birth. One out of every five births in Cuba occurs in women under 20 years old, and there is a high incidence of abortion.

9. Less than 40 per cent of Cuban mothers, in both rural and urban communities, use breast-feeding as the sole source of nourishment for their infants during the first three months after birth. Cuba has also experienced a slight increase in the incidence of low birth weight. In 1985, 8.2 per cent of infants were born with subnormal weight, dropping to 7.3 per cent of the infants born in 1988, and increasing slightly to 7.6 per cent in 1990, breaking the secular decline that had been observed since 1985.

10. While significant efforts have been made by the Government in recent years, areas that still require attention include the provision of safe drinking water and basic sanitation for the population in marginal urban areas and isolated rural communities. In recent years, the peri-urban areas of Cuba's principal cities have experienced a process of rapid settlement, straining existing capacities for supplying safe drinking water and basic sanitation. More than 1 million Cubans living in cities (17 per cent of the urban population) lack access to indoor tap water. Similarly, 1.2 million inhabitants of rural areas (43 per cent of the rural population) lack access to any form of safe drinking water. Almost 5 million people (60 per cent of the country's urban population) lack access to sewerage systems. Of the latter, however, 4.5 million inhabitants do have access to septic tanks or latrines. Some 900,000 people in rural areas (32 per cent) lack access to any form of basic sanitation.

11. The quality of existing water supply services needs to be improved. Some of the principal problems to be addressed include intermittent supplies in a great number of urban water systems; low water pressure, which forces consumers to build cisterns and use small electric pumps, placing excess demand on the electric power system; risk of contamination to public water wells because of a lack of adequate waste disposal systems in highly populated areas; and a general lack of maintenance and repair of equipment.

12. In 1990, Cuba attained school enrolment rates of 98.3 per cent for children between 6 and 14 years of age (in the first to ninth grades). However, only one out of every five Cuban children under five years of age has some form of pre-school education. Because of the economic situation, the Government has postponed a plan to build 200 pre-school facilities that had been intended to provide access to 70 per cent of the country's pre-school-age population by the year 2000.

13. While Cuba does not have children who work or live in the streets, there are children who break the law. The Government has implemented a subsystem for special education to attend to the educational, health and recreational needs of these children, and to ensure their reintegration into their families, community schools and social groups.

14. In Cuba, women have been fully integrated into the development process and represent 48 per cent of the country's economically active population. Some 41 per cent of women are incorporated into the labour force, especially in the administrative and service sector. Approximately 92 per cent of women over 15 years of age are affiliated with the Federación de Mujeres Cubanas (Cuban Women's Federation) the most important women's organization in the country in terms of social impact. The Federation carries out programmes in the areas of vocational training, organization and education, as well as projects that encourage self-awareness and the potential for human and social development.

PROGRAMME COOPERATION, 1990-1991

15. During the period 1990-1991, UNICEF cooperation in Cuba focused mainly on the implementation of national programmes in the areas of health education and on the provision of safe drinking water to rural communities. UNICEF promoted technical cooperation among developing countries by supporting the exchange of Cuban technicians' experiences with those of their counterparts in other countries in Latin America and the Caribbean.

Health

16. UNICEF has been supporting existing programmes being carried out by health authorities in coordination with the communities themselves. Support was provided to the National Office for Maternal and Child Health (Departamento Nacional de Salud Materno-Infantil) to promote the use of a child health card (carnet de salud infantil) on a national scale. With the initiation of that activity, the bases were laid for what could be the first national programme for the surveillance of child growth and development to be carried out with the active participation of children's families.

17. The child health card bears Cuba's logo for the growth surveillance programme. It also contains a complete vaccination schedule, information regarding proper means for preventing and treating acute diarrhoeal diseases and respiratory infections, basic guidelines intended to promote and inform about breast-feeding and simple indicators of healthy child development. An

evaluation is being carried out in order to determine any adjustments that might be necessary to ensure the card's optimal effectiveness.

18. In the area of health education, actions focused on improving the nutritional situation of children and families living in mountainous areas of the country. Those activities were carried out within the framework of the Government's Turquino development project. Funds from the UNICEF Special Adjustment Facility for Latin America and the Caribbean (SAFLAC) were used for this part of the programme of cooperation. As part of this project, 12,000 family doctors were enlisted to educate families about and promote the use of correct dietary habits. Family doctors used educational materials especially designed and produced for the project. Two mobile health education units were equipped to train family doctors in different aspects of nutrition education, to train schoolteachers in effective methods for teaching technical aspects of health care and to improve community members' health habits and practices.

19. The programme of cooperation also contributed to strengthening the cold chain in the national immunization programme, particularly in mountainous regions as part of the Turquino development plan. In total, 913 cold boxes and 1,000 thermometers were distributed, while two refrigerated mobile vaccination units were provided to ensure the timely and effective distribution of vaccines.

Water supply for rural communities

20. The main objective of this project has been to provide rural communities with access to safe drinking water supplies by using low-cost technologies and by promoting the adoption by community members of appropriate personal and public health practices. UNICEF supported the construction of 65 water supply systems and the rehabilitation of 152 systems. The Government's financial contribution was 24 times greater than that of UNICEF.

21. UNICEF contributed funds, through SAFLAC, to develop the water supply component of the Turquino project at a time when the economic crisis prevented the allocation of national funds to the project. The SAFLAC funds were used principally for the purchase and installation of plastic pipes and submersible water-pumps. These materials constituted construction of 24 water supply systems and the rehabilitation of 18 systems, benefiting 24,000 inhabitants in 60 rural communities. The use of polyvinyl chloride pipes in the construction of these water systems reduced the cost of providing communities with water supply systems from 63 to 34 pesos per inhabitant.

Women's development

22. UNICEF technical and financial support was provided for activities related to food production and the creation of employment opportunities for women in rural communities in the mountainous regions. As part of the Turquino development plan, a small-scale fishing industry and a project for raising and processing frogs as a basic food source were established.

Technical cooperation among developing countries

23. UNICEF has supported the exchange of experiences and ideas regarding social development and administration between Cuba and the rest of Latin America and the Caribbean. This project has supported the visit of two Cuban technicians from the National Office of Maternal and Child Health to observe Mexico's national MCH and health education programmes; the visit of Cuba's National Director of the MCH programme and two provincial directors to Colombia to observe the "mother kangaroo programme" (a programme allowing premature infants, who are normally kept in incubators, to be with their mothers); a visit by two Cuban water supply technicians to Mexico and Colombia to observe the use of alternative technologies such as aeolic energy in areas where the use of electricity is unfeasible; and the execution of an inter-agency study (involving the Ministry of Health, the Pan American Health Organization (PAHO), the United Nations Population Fund (UNFPA) and UNICEF) on systematizing the family doctor programme. The results of that study were presented in a publication entitled "Cuba's Family Doctor Programme".

RECOMMENDED PROGRAMME COOPERATION, 1992-1996

Recommended general resources: \$5,000,000

Supplementary funding: \$7,000,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	<u>General resources</u>	<u>Supplementary funds b/</u>	<u>Total</u>
Maternal and child health	1 300	1 255	2 555
Water supply and sanitation	1 200	1 980	3 180
Non-formal, pre-school education	350	1 340	1 690
Programme communication	450	750	1 200
Planning and social statistics	60	-	60
Programme support	1 250	1 675	2 925
Reserve fund	<u>390</u>	<u>-</u>	<u>390</u>
Total	<u>5 000</u>	<u>7 000</u>	<u>12 000</u>

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

/...

24. The proposed programme of cooperation is based on an analysis of the current situation of Cuba's women and children; government policy regarding the current "special period in times of peace", which gives priority to the most vulnerable groups, especially women and children; the objectives of the National Programme of Action; the mandate and policies of UNICEF; and an evaluation of the programme of cooperation for the period 1990-1991. The programme will strive to consolidate the gains that Cuba has already made in the area of MCH, as these gains are at risk because of the economic situation.

25. Cuba has completed the National Programme of Action for fulfilling the goals of the World Summit for Children. The Programme establishes 25 specific goals favouring children and mothers, which the Government proposes to reach by the year 2000. The principal strategy underlying the Programme is to maintain the significant progress already attained in the areas of health, education and in ensuring access to basic services, while at the same time redoubling efforts to ensure substantial gains in areas requiring further improvement. The Programme was formulated within the current context of uncertainty, constant change and severe economic constraint.

26. The proposed programme of cooperation has the following objectives: (a) to expand access of safe drinking water and basic sanitation in rural communities; (b) to develop a national, non-formal, initial education programme for children under five years of age; (c) to implement a national educational programme focusing on the transmission of messages in the areas of health, hygiene, nutrition and social relations (education for life); and (d) to improve the levels already achieved in the area of MCH.

27. The main strategic elements of the programme are the consolidation and sustainability of gains already attained in the area of social development, particularly MCH, and maximizing the use of existing resources for social mobilization. The numerous national social organizations operating in Cuba, together with a national network of mass communications media, offer great potential for facilitating and supporting social mobilization programmes in favour of children. The programme will also focus on strengthening the management of social programmes by developing a series of administrative methods and procedures to improve productivity, and on promoting intersectoral and inter-institutional coordination. There is a need in Cuba to coordinate the efforts being carried out by various sectors and institutions in order to make efficient use of existing capacities, avoiding duplication and making better use of financial resources, while increasing the total impact of programme actions. Cuban officials are aware that UNICEF cooperation is transitory in nature, and that in order to ensure the maximum benefit, the Government needs to plan, from the very outset of programme actions, the availability of sufficient resources for ensuring the sustainability of the programme after UNICEF support has been phased out.

Maternal and child health

28. This programme, to be implemented on a national basis, will support the Government in achieving the following goals by 1996: reducing IMR from 11 to 10 per 1,000 live births; reducing MMR from 32 to 30 per 100,000 live births;

/...

reducing the incidence of low birth weight from 7.6 to 6.8 per cent; ensuring that all mothers use the child health card; and reducing the prevalence of teenage pregnancy from 26 to 20 per cent and the prevalence of abortion from 0.9 to 0.7 per cent.

29. To fulfil those goals, the programme will support the widespread use of oral rehydration salts by health care workers and mothers alike; education and training courses to ensure that, by 1996, 86 per cent of all mothers can identify the signs of ARI; and the strengthening of the existing immunization programme so that, by 1996, 95 per cent of children under five years of age receive all vaccines included in Cuba's immunization scheme. The achievement of those goals will depend upon the completion and maintenance of the cold chain throughout the country.

30. The programme will promote breast-feeding as the exclusive source of child nutrition, as well as lengthen the period of breast-feeding to at least three months following birth. UNICEF will support the organization of international conferences and seminars on effective methods to promote breast-feeding. In addition, the project will support the production of educational materials that inform the general public about the virtues of breast-feeding. The programme will also support the implementation of actions related to nutrition surveillance for children under five years old through the training of health care workers, especially Cuba's family doctors, in the appropriate use of the child health card.

31. The programme will also support actions aimed at improving the quality of prenatal health care through the early detection of pregnancy, as well as access to a regular number of prenatal medical consultations for expectant mothers. In the area of reproductive health, support will be given for educational campaigns aimed at reducing the prevalence of teenage pregnancy and the practice of non-institutional abortion. These campaigns will promote appropriate methods of birth spacing. The programme will also support the use of the maternal health card by all family doctors and mothers.

Water supply and sanitation

32. UNICEF will support the provision of safe drinking water and basic sanitation to rural communities mainly in the eastern provinces where coverage levels are among the lowest in the country. Rural communities will be provided with low-cost, simple water supply systems (using wells, windmills and gravity-based systems for transporting water), as well as basic sanitation systems (based on the construction of septic tanks and latrines). The programme aims to provide safe drinking water to 336,000 inhabitants of rural communities by 1996, increasing coverage from 56 per cent of the rural population to 68 per cent. Similarly, 252,000 inhabitants of rural communities will have access to basic sanitation by 1996, increasing coverage from 68 to 77 per cent of Cuba's rural population.

33. The programme will also support the establishment of a centre for rural technologies to be charged with the identification, diffusion and accelerated implementation of appropriate technologies to provide rural populations with

saf drinking water supplies and basic sanitation. The centre will also provide technical assistance for applying technologies that effectively solve technical problems involved in providing poor, peripheral urban areas with water supply and basic sanitation. The centre will also support permanent, systematic training programmes aimed at training technicians and operators employed in this sector, and training community members in the operation and maintenance of the systems.

34. The programme will support the exchange of technical information with other developing countries, as well as better coordination among Cuba's numerous social organizations. The design and execution of monitoring and evaluation activities will be adapted to those established for the supervision system for water supply and basic sanitation, which involves joint action by the World Health Organization (WHO) and UNICEF.

Non-formal, pre-school education

35. The project aims to increase coverage of pre-school education through the implementation of non-formal alternative educational actions such as the establishment of home "backyard nurseries", the implementation of parental education programmes and the use of the mass and alternative communications media.

36. The programme will provide 287,300 children under five years of age with access to some form of pre-school education, increasing coverage from 18 to 50 per cent of pre-school-aged children. UNICEF will provide support to the Ministry of Education for training and the production of low-cost educational and didactic materials designed in accordance with the cultural and historic values of the Cuban population.

Programme communications

37. This programme will create awareness and maintain the sustainability of CSD actions. Particular attention will be devoted to strengthening the capacity of the Federation of Cuban Women, school councils, Committees for the Defence of the Revolution (Comités de Defensa de la Revolución) and the National Association of Small Farmers (Asociación Nacional de Agricultores Pequeños) to produce mass media and audio-visual materials on sustainable development.

38. UNICEF will support the Cuban Radio and Television (Instituto Cubano de Radio y Televisión (ICRT)) in the production of an "education for life" programme to be broadcast by mass media. Support will be provided for the exchange of experiences in the field of educational communications between ICRT and similar institutions in other countries of the region.

Monitoring and evaluation

39. UNICEF will support the State Economic Collaboration Committee (Comite Estatal de Colaboración Económica) in developing a system of national indicators on children and women to monitor the 25 goals of the National

Programme of Action. This activity will be conducted in coordination with the Ministries of Health and Education and the Institute of Water Resources. A statistical bulletin will be published every six months with information related to the progress of the goals.

40. A steering committee will be created for each project to monitor and evaluate their actions. These steering committees will be chaired by the minister in each area of concern. Other members of these committees will include the Minister of the State Economic Collaboration Committee and the UNICEF representative for the area of Mexico and Cuba. The steering committees will hold annual meetings to analyse and approve the work plans for the following year, ensure the effective coordination of project actions and evaluate the work carried out during the previous year. A technical committee comprised of the operative personnel of each executing agency, a representative of the State Economic Collaboration Committee and the corresponding UNICEF project officer will also be created for each project. These technical committees will meet on a quarterly basis to ensure the implementation of project actions, follow-up, evaluation and reprogramming of funds, as well as preparation of corresponding reports.

Programme support

41. Financial resources will be allocated, in mutual agreement with the Government, to provide logistical support for the development of the country programme. UNICEF will support the staffing of an out-post office to be established in 1992. Additional support will be provided for technical assistance and follow-up activities.

Reserve fund

42. Given the highly uncertain and critical nature of Cuba's current economic situation and the outlook for the immediate future, the Government of Cuba and UNICEF have agreed to establish a small reserve fund that has not been earmarked for any specific project activity. These funds will allow for quick response to unforeseen circumstances.

Cooperation with other agencies

43. UNICEF will coordinate activities with PAHO, the United Nations Educational, Scientific and Cultural Organization (UNESCO) and UNFPA in the implementation of the proposed country programme. PAHO will continue to provide technical support for the implementation and follow-up of child survival and water and sanitation activities. UNESCO will help to design an evaluation mechanism to measure the impact of non-formal education programmes.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

<u>Cuba</u>		(1990 and earlier years)	<u>UNICEF country classification</u>	
Under-five mortality rate	14	(1990)	Low USMR	
Infant mortality rate	11	(1990)	Low IMR	
GNP per capita	\$ 1170	(1987)	Lower-middle GNP	
Total population	10.6 Millions	(1990)		

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1990
Births	(thousands)	246	150	165	188
Infant deaths (under 1)	(thousands)	11	3	3	2
Under-five deaths	(thousands)	13	4	3	3
Under-five mortality rate (per 1,000 live births)		54	25	20	14
Infant mortality rate (under 1) (per 1,000 live births)		43	20	16	11

		About 1980	Most recent
Underweight children (under 5)	Moderate & severe	..	..
(% weight for age, 1980/1987)	Severe	..	..
Babies with low birth weight (%, 1979/1984)		10	8
% of primary school children reaching final grade (1980/1988)		86	91

NUTRITION INDICATORS		About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1980/1985)		/..	/..
Prevalence of wasting (%, 1980/1987)		..	19
Prevalence of stunting (%, 1980/1985)		..	..
Daily per capita calorie supply (% of requirements, 1979-1981/1988)		123	135
Food production per capita index (Index 1979-1981=100, 1980/1990)		94	98
Household expenditure (% of total income, 1980-1985)	All food/cereals		/..

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1988)			75
Access to health services	Total	..	..
(% of population, 1980/1987)	Urban/rural	/..	/..
Access to safe water	Total	..	..
(% of population, 1980)	Urban/rural	/..	/..
Access to adequate sanitation	Total	..	..
(% of population, 1980/1987)	Urban/rural	/..	/..
Births attended by trained personnel (%, 1980/1987)		..	99
Maternal mortality rate (per 100,000 live births, 1979/1988)		..	39

Immunization		1981	1985	1990
One-year-olds (%) immunized against:	Tuberculosis	97	98	98
	DPT	67	91	92
	Polio	82	88by	94
	Measles	49	85	94
Pregnant women (%) immunized against	Tetanus	..	..	88

TABLE 1 (continued)

Cuba

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1980/1988)	Total	108/ 98	104/ 96
	Male	111/ 98	107/ 97
	Female	105/ 97	101/ 95
Secondary enrolment ratio (gross/net) (%, 1980/1988)	Total	80/ ..	91/ 71
	Male	78/ ..	86/ 67
	Female	83/ ..	96/ 76
Adult literacy rate, 15 years & older (%, 1970/1990)	Total	87	94
	Male/female	86/ 87	95/ 93
Radio/television sets (per 1,000 population, 1980/1988)		299/131	337/203

DEMOGRAPHIC INDICATORS		1970	1980	1985	1990	2000**
Total population	(Million)	8.5	9.7	10.1	10.6	11.5
Population aged 0-15 years	(Thousands)	..	3288.6	2879.5	2605.7	2845.7
Population aged 0-4 years	(Thousands)	..	783.0	775.0	891.7	889.2
Urban population (% of total)		60	68	72	75	80
Life expectancy at birth (years)	Total	70	74	75	75	76
	Male	68	72	73	74	74
	Female	71	75	76	77	78
Total fertility rate		3.9	2.0	1.8	1.9	2.0
Crude birth rate (per 1,000 population)		29	16	17	17	15
Crude death rate (per 1,000 population)		7	6	6	7	7

		About 1980	Most recent
Contraceptive prevalence rate (%, 1980)		60	..
Population annual growth rate (%, 1965-1980/1980-1990)	Total	1.5	0.9
	Urban	2.7	1.9

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-1980)		..	..
Inflation rate (%, 1965-1980/1980-1989)		..	..
Population in absolute poverty	Urban/rural	.. / ..	.. / ..
(%, 1977/1988)			
Household income share	Top 20%/bottom 40%	.. / ..	.. / ..
(%, 1977/1988)			
Government expenditure	Health/education	.. / ..	23* / 10*
(% of total expenditure, 1980/1987)	Defence	..	..
Household expenditure	Health/education		.. / ..
(%, of total income, 1980-1985)			
Official development assistance:	US\$ millions	32	27
(1980/1989)	As % of GNP	99	..
Debt service			
(%, of goods & services exports, 1980/1989)		..	..

a/ Lowest 3 percentiles; aged 12-59 months. b/ 2 doses only.

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

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TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1990-1991

(In thousands of United States dollars)

COUNTRY: CUBA

LATEST BOARD APPROVAL: 1990

GENERAL RESOURCES: \$700,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Total
Health	94		17				29		140		140
Water supply and sanitation	45		2				9		56		56
Community organization and development	66								66		66
Advocacy			4				31		35		35
Planning and project support			3				23		26		26
GRAND TOTAL	205		26				92		323 a/		323

GR = General resources.

FSF = Funded supplementary funding.

a/ Amount should be updated later on, since November expenditure is only \$70,000 but call-forwards \$488,800.

/...

TABLE 3. PLANNED EXPENDITURE, 1992-1996

(In thousands of United States dollars)

Country: CUBA Period covered: 1992-1996	Funding status	1992	1993	1994	1995	1996	Total
Maternal child health	GR	300	260	250	250	240	1300
	NSF	300	280	250	225	200	1255
Water supply and sanitation	GR	160	200	260	280	300	1200
	NSF	450	400	400	380	350	1980
Education	GR	70	80	80	70	50	350
	NSF	300	280	260	250	250	1340
Social mobilization and communication	GR	100	95	80	90	85	450
	NSF	200	180	150	120	100	750
Planning and social statistics	GR	10	15	10	10	15	60
Programme support	GR	250	250	250	250	250	1250
	NSF	335	335	335	335	335	1675
Reserve fund	GR	110	100	70	50	60	390
TOTAL	GR	1000	1000	1000	1000	1000	5000
	NSF	1585	1475	1395	1310	1235	7000
GRAND TOTAL		2585	2475	2395	2310	2235	12000

GR = General resources.

NSF = New supplementary funding.

TABLE 4. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: CUBA	Number of posts	Amount (Thousands of United States dollars)

FINANCED FROM 1992-1993 APPROVED BUDGET: a/		
International Professional established posts		
Local national Professional and General Service established posts		
Operating costs		

Total		

FINANCED FROM PROGRAMME FUNDS: b/		
International Professional project posts		
General resources	1	203
Supplementary funds		
Local national Professional and General Service project posts		
General resources	1	36
Supplementary funds		

Total	2	239

a/ Cuba does not have an administration budget.

b/ For information source, see the 1992 revised post authorization table,
dated 23 July 1991.
